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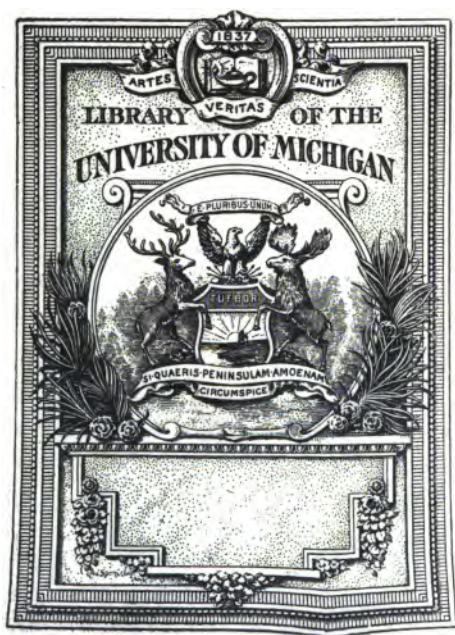
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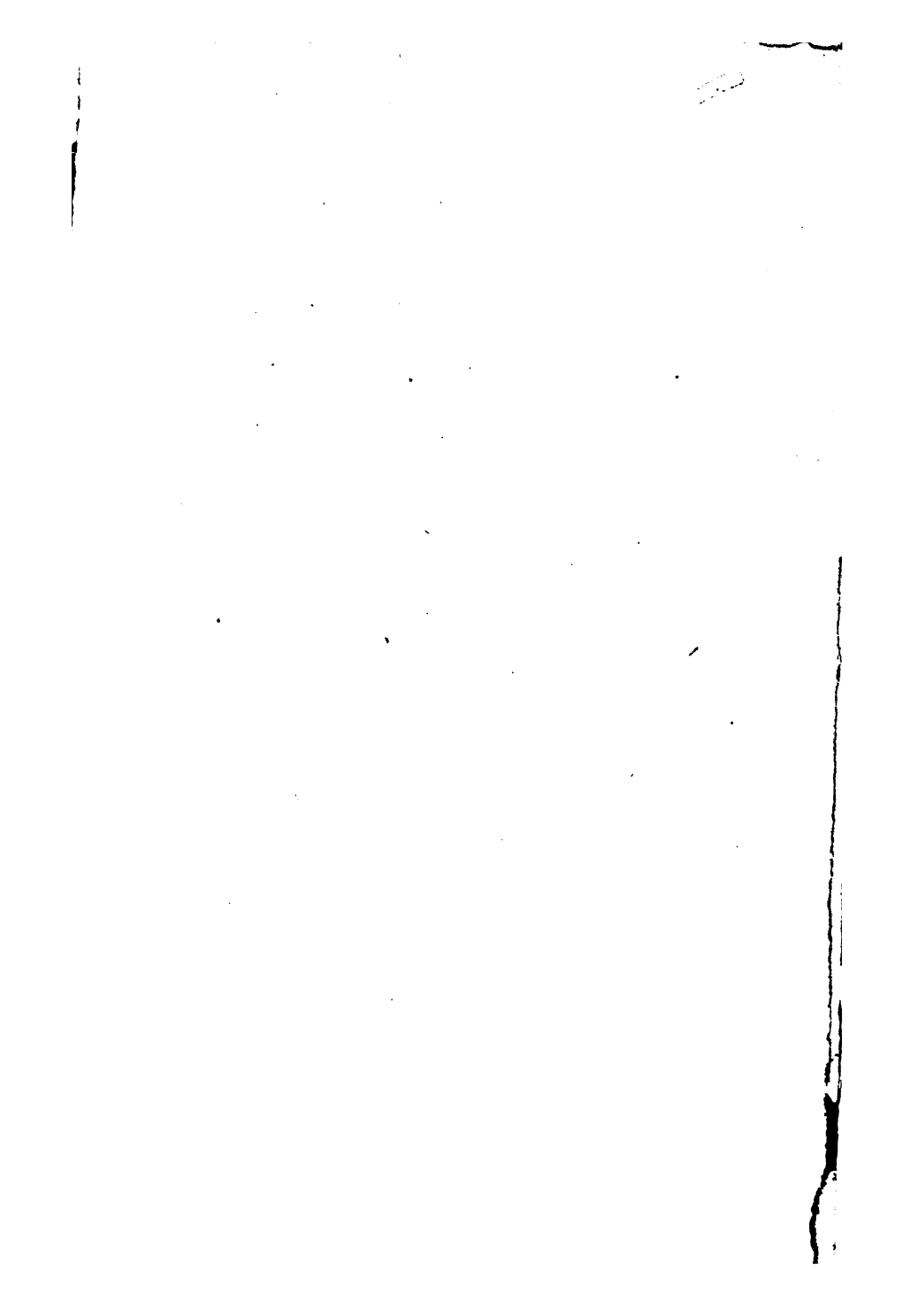
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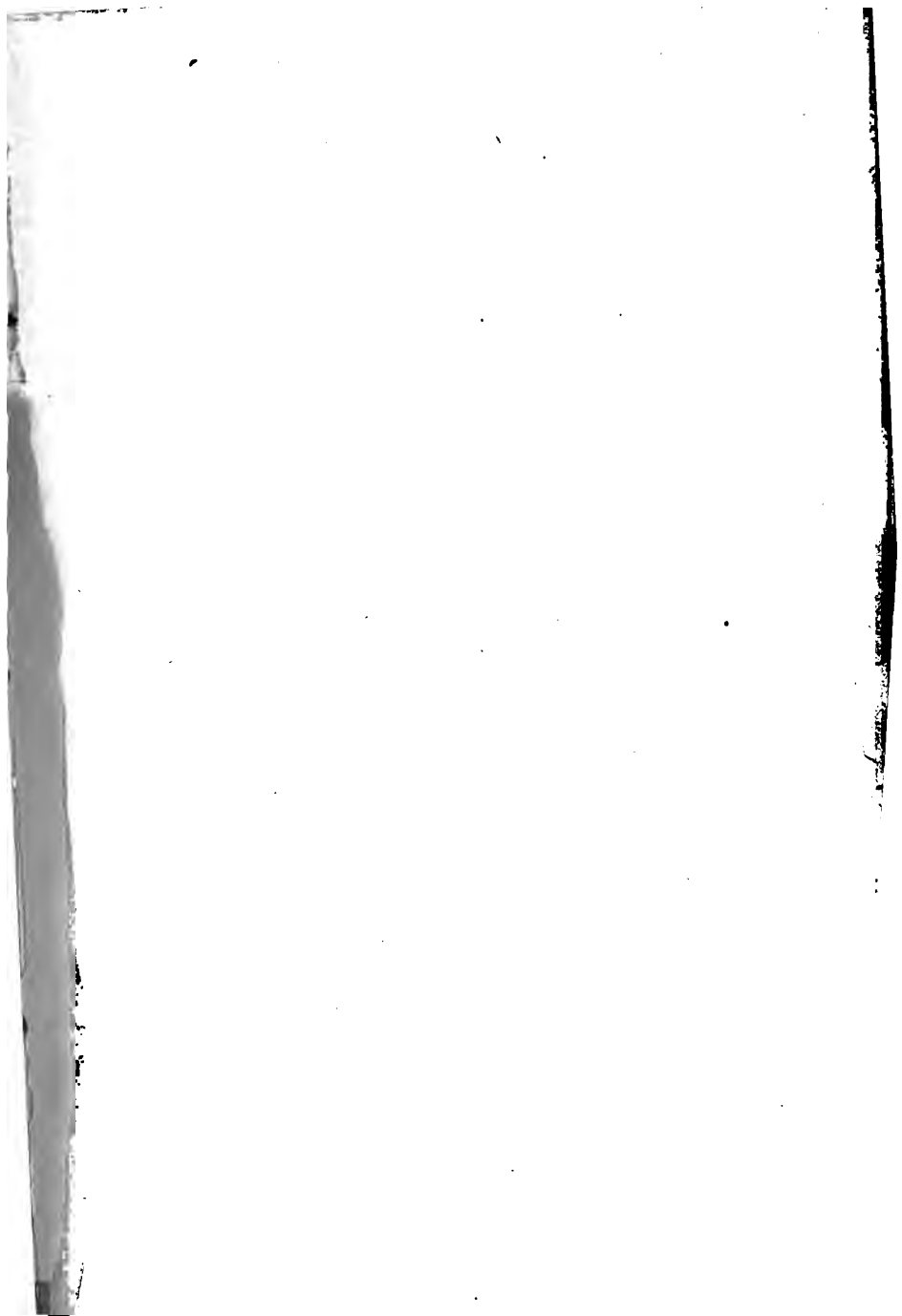
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THE POPULAR HOMŒOPATHIC SERIES.

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OTHER VOLUMES IN PREPARATION.

THE
HEALTH OF THE SKIN.

*Howard
arton*
BY
E. B. SHULDHAM, M.D. TRIN. COLL. DUBLIN.

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CHIEF SKIN REMEDIES
AND THEIR HOMŒOPATHIC USES.

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PREFACE.

THE *raison d'être* of the following pages. What is it? To give the laity a few plain directions to guide them in health matters relating to the skin.

To some this may appear to be a very simple affair, but when we consider that the health of the skin bears so close a relation to the health of the body it will be seen that the subject at once assumes an interest and an importance of its own.

The skin is a barometer, and varies in its aspect as the bodily condition of the patient may vary.

What first meets the eye of the physician when he visits his patient? The face—and the conditions of weakness or of strength can be quickly noted by looking at the patient's face. It is this first glance which tells the observer a tale of suffering or of ease, of illness or of health.

Therefore if the skin should be such a tell-tale as it truly is and ever will be, should we not make every effort to keep each hidden organ of the body in a state of health?

49 Seymour Street, W.

THE HEALTH OF THE SKIN.

CHAPTER I.

THE suggestions that I am about to offer are, as it were, answers to certain questions that may have been asked. The most probable queries in reference to the matter in hand would be somewhat as follows :

What is the best plan for keeping the skin in good order ?

What kind of diet should be adopted in a case of acne or of eczema ?

What soap should be used for cleansing the skin ? Or should any soap at all be made use of ?

What powder or ointment should be applied after the skin has been cleansed by soap ?

Should warm or cold water be used in the cleansing process ?

Are baths of any value, and if so, of what kind ?

Are there any special health-resorts which should be visited by patients suffering from chronic skin affections ?

What medicinal treatment should be adopted by patients who are troubled with chronic eczema or acne?

The first question embodies all those that follow, for, naturally enough, it will be admitted that the hygiene of the skin includes the subject of diet, local applications of all kinds, baths, climatology, and medicinal treatment.

DIET.

I will begin with the subject of diet, for the rules I shall offer are easy of application. I will first point out the fact that in the management of skin diseases we have not always a state of plethora to deal with. Indeed, in the majority of cases of chronic eczema the life-power is low, and consequently a starving dietary is quite out of place. The truth is that only too often during the progress of eczema and acne the *nervous system* is at fault and not the stomach. Let us learn the history of the patient's illness, and we shall in all likelihood hear that till quite recently the skin has been in good order, but that since the long strain of nursing a friend or relative, or the anxiety of business, or the fretting care of neglect, the skin has gradually lost its delicacy of texture, and has been defaced by some form of eruption. The nervous system has been overtaxed; and if we consider for a moment that the whole frame is under the immediate influence of nerve power, we cannot be surprised that the skin should suffer in

sympathy with the deeper tissues. Take the finest needle you can buy, touch the skin with it, and there is not one single little microscopic fragment of its surface which will not feel the needle-point. Compared with this nervous machinery the excretory apparatus of the skin appears coarse and unwieldy; and yet how often do we read of the marvels of the sweat ducts and glands, while little mention is made of the infinitely more subtle structure of the nerve branches and their fairy filaments.

Before laying down the law in matters of diet, the condition of the patient requires our first consideration.

Let us take a case of eczema of the neck and face involving the scalp. Let the patient be a young woman of one or two and twenty. Let her have a ruddy complexion, and be inclined to *embonpoint*. Let her take life easily, enjoying all the good things that are set before her at table. Let her prefer a saunter to active exercise. And after some little stomach upset, let her get heated and chilled, and if she has the gouty inheritance she may wake up one fine morning in spring to find her face and neck hot and irritable, and in the course of a few more fine mornings she may discern, without careful looking for it either, a rash on her face and neck which burns and itches, and which, worst of all, spoils her good-looks. It must be taken for granted that she is good-looking. Now here is a

case for cooling measures. Here we must give a *light dietary*. For instance, meat must be avoided by the patient. Alcohol in every shape must be abstained from. Fish, fowl, eggs, and farinaceous food of different kinds, must be given for support. But take the opposite case of a young girl of 16 or 17, who has been overworked at school, and possibly underfed, whose nerves have been worried by the fearful looking forward to an examination, whose thoughts by day have been in the direction of the cube root, and whose dreams by night have been haunted by problems in algebra—unsolved problems, I may add, then, if this candidate for higher education should suffer from an attack of eczema, rest for the weary nerves and a generous diet should be prescribed, not merely permitted but actually ordered. In the latter case instead of a gouty history, we may probably find that there is a tendency to struma or tubercle in the patient's family.

In all cases of eczema it is almost needless to say that salted meats and highly-spiced foods of every kind should be avoided. Pepper, mustard and salt should be banished from the patient's table. Of course, a very small quantity of salt must be used in cooking the vegetables, but no more should be added to the patient's plate at meal-time. Green vegetables should be eaten freely. The root vegetables are not so generally wholesome, as they contain a good deal of sugar, and this in gouty cases

is very apt to turn acid and disagree. Raw celery is very difficult of digestion, but if stewed with a little beef stock is soft and delicate enough for the most sensitive stomach. There is a true medicinal quality in this popular herb, some medical authors esteeming it highly in rheumatic and gouty cases, whilst others find in it an excellent sedative for irritable nerves.

Indeed, when I speak of the medicinal quality possessed by celery, I am touching on an almost unexplored field in therapeutics. There is, undoubtedly, medicinal virtue in asparagus, in celery, in lettuce. Why, therefore, should therapeutic power be denied the cabbage, the cauliflower, spinach, or the onion?

Onions contain a large quantity of sulphur, and the cabbage holds potash salts in its tender fibres. In the old days of the naval merchant service, scurvy was the sailor's curse, for in long voyages vegetable food was a rarity. Now, thanks to a better knowledge of disease, scurvy is almost unknown, for lemon juice and tinned vegetables defy its attacks.

In gouty eczema I am sure that the formation of uric acid in excess is greatly checked by the patient taking a plentiful supply of green food at his meals. Some very curious cases of night blindness came under my notice some few years ago when I was attending a large school in the country. The superintendent noticed that the boys who left their green food and only took meat and bread for dinner were

the sufferers from night blindness, and having made this very shrewd observation, he cured the night blindness by full doses of cabbage and cauliflower taken at dinner-time.

As there were 150 boys in my friend's charge, there was ample opportunity for noting this matter. From a hygienic point of view I consider it was most noteworthy.

It is hardly necessary for me to say that shell-fish of all kinds, except oysters, should be put in the list of prohibited foods. A crab or lobster taken for supper has been known to bring on symptoms of acute gastritis followed by an attack of nettle-rash severe enough to make the patient think that he has been poisoned. So far, he has been poisoned for the time being.

I would note one fact in reference to food—namely, that warm food of all kinds is more digestible than cold. I have been told by patients many a time that they cannot understand why they suffered so much from indigestion at bed-time, for they had only taken a little cold beef and cold rice-pudding for supper. The fibres of a bit of cold beef are compact, and the cold milk of a rice-pudding to many persons is as solid and indigestible as cheese. A cutlet served hot, with a warm rice-pudding to follow, makes a light meal. Fruits of all kinds in their season are as a rule wholesome food, but acid fruits that require much sugar cannot be recommended in cases of gouty eczema. Apples are very

apt to set up a kind of acid fermentation, which is neither comforting to the patient's stomach nor soothing to his skin. Nuts of all kinds must be abjured; they are just so much woody fibre, with a little oil and sugar to make them attractive; and when I read of Cobbett's having lived for days on cobnuts and apples during a walking tour in Kent, I am lost in wonder at his powers of digestion. Here was a man capable of digesting anything, from his old shoes to the British constitution.

Now comes a vexed question—Is it wise for patients suffering from chronic eczema or acne to take alcohol with their food, or should they pledge themselves to total abstinence?

There is no hard and fast line to be laid down in this matter. Each case must be a law unto itself.

Without doubt alcohol is most injurious in some forms of acne and eczema, but I suspect, when it disagrees, that the patient is of the gouty habit, or that the alcohol has been taken in too potent a form. The light wines of France or of Germany diluted with water and taken at meal-times would harm very few patients, and might often help a weak digestion. Champagne, sparkling hock, burgundy, and malt liquors, should be conspicuous by their absence.

BEVERAGES.

Another vexed question is the one concerning tea, coffee and cocoa as beverages. Some medical men condemn the use of tea and coffee, regarding

them as nerve irritants ; they advise the use of cocoa instead. But here again in this humble arena we must not take sides too fiercely for or against the refreshing cup of tea, the stimulating cup of coffee, or the nourishing but somewhat greasy cocoa.

Tea has its peculiar qualities, and therefore its firm adherents. Coffee has a charm of its own, which to some is irresistible ; and cocoa comes with a friendly spirit to those whom tea weakens or coffee sets on fire. Let me offer one suggestion in reference to tea. Pay a good price for it, and do not let it stand many minutes before drinking it.

Cocoa is a fattener, but it would not suit the bilious for any length of time. The Dutch cocoas are beautifully made, and for nutritive qualities I almost think bear the palm.

To sum up, then, I would say that salted foods, spicy foods, cold foods, strong alcohol, sweetened alcohol, acid fruits, pastry, nuts and shell-fish, must be forbidden to all those who wish to keep the stomach in good humor and the skin in good order. For if the simple rules of diet which I have laid down are transgressed, those tiresome little nerves of the stomach will telegraph the transgression to the brain, and, by reflex action, the nerves of the skin will be irritated, and a chronic state of irritation will be exchanged for an acute.

CHAPTER II.

NERVE INFLUENCE IN SKIN DISEASE.

I CANNOT help thinking that the nerve element in skin disease has not received the attention it deserves.

The intimate relationship that exists between the superficial nerves and the deeper structures has been clearly shown in many diseases of purely nervous origin, and I am anxious to show that the health of the skin is greatly dependent on the health of the great nervous centres, brain, spinal cord, and sympathetic system.

The circulation of the whole body is under nervous control. Dilated or contracted bloodvessels give visible signs of their disorder in the skin, but the outward signs of this unrest are due to disturbances which are going on within.

To illustrate my theory I will give the following cases: Some few years ago I treated a distinguished singer for an attack of eczema of the hands. The skin affection rapidly followed a nervous shock, which, in its turn, was due to the patient having seen a poor fellow killed at a railway crossing. My patient distinctly traced his attack of eczema to this

sudden shock. His own words were: "It made me feel quite sick at the time, and I have not felt well since." The eruption appeared twenty-four hours after witnessing the accident. Here was no case of gouty hyperæmia, nor of bilious disorder, but a powerful shock to the nervous centres. My patient was a man of the most temperate habits with regard to eating and drinking, but his nervous organization was finely strung. Another case of skin disorder, due to nervous shock, comes to memory as I write. It is that of a lady I attended for some time, years ago, for an attack of gout. In the course of my inquiries as to my patient's previous condition of health, she said to me: "You must not attach too much importance to the state of my complexion, for that was suddenly and permanently altered by a great shock—hearing the news of the death of my husband and my son in the Indian mutiny." The patient's face was of a darkish-red, and there were little tubercular masses strewn broadcast over the cheeks, chin, nose and forehead—a kind of tubercular acne. She said: "My face became burning red when the sad news was brought me, and the color has never died away. But it is darker now, and the spots are harder and more raised above the surface than before."

I have yet another instance of a skin affection following mental trouble. It is the case of a young married woman, whose happiness has been destroyed by the shameless conduct of her husband.

The patient is very good-looking, and, until the worry brought on by her husband's behavior, she had a singularly clear skin. But after awhile spots of acne began to show themselves on her face, and as I had full opportunity of watching the case, I noticed that any mental upset was always followed by a fresh crop of acne. The most careful attention to diet made little, if any, impression on the spots. A prolonged change to the seaside certainly did good, for by strengthening the nerve power the skin assumed a healthier aspect.

ACNE.

The more I see of acne, the less inclined I am to lay down rigid rules of diet in this affection. There is certainly what might be called a physiological acne, which comes on in youth, when the body undergoes one of its first great changes, and which also shows itself at another great change in the life of woman. This, I contend, is most intimately connected with bodily development and bodily decay, and is more under the influence of the nerve-centres than of the digestive organs. Pills and potions of a laxative character are worse than useless in these cases, as indeed, they are in nine-tenths of the chronic forms of skin disease which medical men may be called to prescribe for.

Strengthen the nerves, oxygenate the blood, here is the true secret of success in the treatment of chronic skin disease.

What good can an opening pill do?

It gives a patient a stomach-ache which, in his innocence of heart, he thinks must be good for him. It makes him feel weak; and this, also, to his thinking, is a sign of the curative power of the medicine. But it has no more power over the nervous irritation of the skin than so much raspberry jam, which, by the way, would have been far pleasanter to swallow, and more wholesome in action. And yet people will go on taking pills by the score, because so few medical men in this country condescend to learn the first principles of therapeutics. I was discussing the subject of opening pills with a distinguished medical friend of mine, and he said that "for one pill taken in France, Germany, or Switzerland, there are a hundred taken in Great Britain." As my friend has lived a great deal on the Continent he is in a position to make a reliable statement. Taking an aperient pill on the Continent is a serious affair, and so it should be.

Another familiar instance of skin disease which is set up by nerve irritation is that of *eczema which comes on during teething*. Here we have undoubtedly nerve disturbance within setting up a surface trouble, and the surface trouble remains until nature has finished her task of tooth eruption. Of course some children will go through teething without eczema, diarrhœa, or convulsions, but these children have cast-iron nerves, and are absolutely devoid of medical interest. The herpetic eruptions known as

"*shingles*" is a pure neurosis, due to the irritation of superficial and deep-seated nerves.

The furious itching that attacks the aged is another instance of nerve weakness and of nerve irritation.

My friend, Dr. Barry, who has a large experience of skin diseases, related to me a case of acne of the face which entirely disappeared after the successful treatment of a prolapsus uteri. This condition of the skin had been kept up by this internal mischief for years, and when this latter trouble was judiciously treated the reflex irritation of the skin gave way.

It was only a few days ago that I saw a lady in consultation with another medical friend. He asked my opinion as to the state of the patient's skin. The most trying part was acne of the face and neck. Its first appearance dated back to girlhood, and was synchronous with a course of many months of under-feeding at a school in Germany. Here was undoubtedly another instance of nerve weakness being followed by a skin disease.

It is of the utmost importance to feed liberally both girls and boys during their first change of life.

There is far too great anxiety on the part of parents and teachers to crowd a number of facts into young people's brains at the expense of their bodily health. The result of this misplaced enthusiasm is that very soon the facts, as they are called, are forgotten, and some very tangible form of bodily weak-

ness remains. In one case acne makes its appearance, and does not always disappear during the vacation, when brain work is less imperative.

In another case the foundation is laid, pretty solidly too, for the occurrence of nerve headaches; in a third case the stomach suffers. But gastric troubles are more easily remedied and tolerated also than affections of the nervous system. In yet another case, from faulty school hygiene, a lateral curve of the spine is developed.

Is it at all wonderful that the skin should suffer when the nerves are irritated, when we note that in the Malpighian layer of the skin there is a large network of nerve fibres? and that intimately associated with nerve fibres all over the body we have a vast system of minute bloodvessels?

If a shock should be given to the nervous system, how can the bloodvessels escape the blow? And when nerve and bloodvessel run their varied course hand in hand, as it weré, to the most sensitive parts of the body's surface, can we be surprised that if the nerves hasten or check the course of the blood corpuscles, the results of this stimulus, or check, should be plainly recorded on that huge chart of the body which we call the skin?

In many cases of skin disease our great object should be to give the nerves of the skin rest, for the surface irritation not merely exhausts the nervous centres, but prevents a healthy action from being kept up in the various structures of which the skin

itself is composed. If the nerves are irritated there is invariably irregularity in the local blood supply; this often leads to congestion and inflammation. In such cases soothing ointments and protective plasters will be found of great service, and, indeed, are often the chief means of bringing about that happy result known as a cure. In lupus erythematosus the local use of one of them, as salicylic acid plaster, forms undoubtedly a very important part of the treatment.

By this means we get protection from the air, diminution of local blood supply, and destruction of excessive epithelium.

I have come to the conclusion that in unhealthy states of the skin we get too much cell growth, and therefore the great point for consideration is how we can best soothe the surface nerves, and not stimulate them.

By protecting the skin from the mere action of the external air we give relief, and herein lies the value of nearly all the greasy applications which are made to the skin. When we add to the grease a mineral or vegetable sedative we ensure comfort to the nerves of the part. Local comfort is central nerve comfort, and therefore local sedatives are never to be despised, as indeed they often are by those who treat disease solely from the constitutional standpoint.

Take the case of a child who is suffering from widely diffused eczema of the body. Is it a little

matter that this child should be soothed to sleep by a sedative application, instead of tossing about half the night, hot, irritable, restless, peevish and thirsty, and upsetting the nerves of parent or nurse, for lack of some local help? I think not.

The local sedative may be perfectly harmless; indeed, if it bear a close affinity in action to the disease it must be harmless.

The same influence is very marked in all cases where desquamation of epithelium is a character of the disease. Take, for instance, Bright's disease. Here is an organ, the kidney, shedding its epithelium freely when the nerve power of the body is at a low ebb. So it is in seborrhœa, there is nerve weakness in nearly all the cases, and free shedding of the surface skin is the usual accompaniment of this condition.

Not only in the course of eruptive fevers, but also in many other illnesses, shedding of the scarf skin is a common sequel.

This shows the great disturbance which has taken place in the superficial nerves of the body. That the health of the skin depends greatly on the health of the nervous system should be an axiom in the treatment of four out of five cases of chronic skin disease.

I have lately been attending a patient who has been suffering from a severe attack of gouty eczema, and the attack can be distinctly traced to his having been annoyed by one of his workmen.

I have observed over and over again that the anxious, ill-fed, badly-clothed patients that come to special hospitals for advice as to the state of their skin are the most difficult to treat, and suffer more frequently from relapses than those in easy circumstances. Often when the question is asked, "What is your occupation?" the patient hesitates in his reply, then says, apologetically, "Oh, well, sir, I have been out of work for some time." The medical man then knows that he has got a tough case for treatment. Or it may be the badly-paid, ill-fed needlewoman who is suffering from acne rosacea. She is questioned as to her diet, and it is very evident that the so often prohibited roast beef rarely figures in her diet sheet. Tea and bread-and butter and a bit of salt fish make up her food supplies. If she should happen to suffer from eczema of the hand, it is of little avail to tell her to rest her weary fingers. The best prescription for her would be made up at the butcher's, instead of white mixtures to cool the blood. Her poor blood wants to be set on fire a little bit. Indeed, in half the cases that come to the hospital or dispensary for relief from their troubles a good general conflagration of the blood would bring about the happiest results.

Feed up, stimulate, warm the poor half-starved bodies of these patients, and magical cures would crown the practitioner's efforts.

There should always be a provision store in the

immediate neighborhood of every hospital, and tickets might be issued for distribution amongst the really poor and destitute patients. Instead of merc. oxide a chop might be ordered.

Medicines which have a distinct affinity for the diseased tissues should be given to patients suffering from skin disease; or else medicines which have a direct action on the nervous system. Let us, for example, call some of them tissue remedies and others nerve stimulants. Such medicines as *arsenic*, *mercury*, *sulphur* and *phosphorus*, may be called tissue remedies, whilst *nux vomica*, *bella-donna*, *hyoscyamus* and *ignatia*, may be cited as nerve remedies.

Far too much reliance has been placed on the value of aperients in the treatment of this disease. This is the outcome of indifferent pathology. Because a patient happens to suffer from constipation as well as from eczema, the medical man consulted for the eczema often jumps to the conclusion that the eczema is due to the constipation, or at any rate aggravated by it, and he at once prescribes an aperient pill or mixture. He is under the belief that the contents of the lower bowel unduly delayed in their exit from the body must act as a kind of poison to the blood. Most lame and impotent conclusion; for if this were the case blood poisoning would be more general than it is, and the cure of eczema an affair of a few days' treatment. But in spite of three, four, five days'

constipation, patients live and flourish, to all intents and purposes, in perfect health; and in spite of a long course of laxatives, patients suffering from chronic eczema come again and again to special hospitals for relief.

One of the finest and healthiest babies I ever had the pleasure of prescribing for had a natural action of his bowels once a week. It was a model baby. The parents came to me about this phenomenal seven days' action. I asked as to the child's general health. It was perfect. I asked whether the child was distressed by this constipation. "By no means," said the mother and the nurse in a breath. Then, I said, "Why need you trouble about the matter at all?"

Well, the interview ended by my advising the parents to let the child have its own way in this particular line, and if any distress should occur then they were to give the little patient a few doses of triturated sulphur.

Constipation is more often associated, like psoriasis, with a state of robust health than one of weakness.

Relaxation of the bowels is never associated with robust health either in the human race or in the lower animals, with the exception of the cow. A horse, a dog, a pig, a fowl, even a bee, that is relaxed in the bowels is in a state of ill-health. Bees are decimated by attacks of dysenteric diarrhoea when they are overcrowded and when the

ventilation of their hives is imperfect. "Throw physic to the dogs" is a stale proverb, but the dogs are far too wise to take any of the poisons which human beings are so fond of when they are out of health. They do not invite colic by a little simple grass eating. But men swallow irritants by the handful, and think that they have science on their side for so doing. Is it not a blind following of tradition? I think so.

CHAPTER III.

EXERCISE.

EXERCISE.—This is an important branch of my subject, but nevertheless it can be discussed with tolerable brevity.

Daily exercise in the open air, taken short of great fatigue, and with proper protection against cold wind and hot sun, is one of the best prescriptions I can write for a good complexion.

But there are sure to be some of my readers who will not be satisfied with this simple formula, and who will ask plaintively for "some nice cooling lotion for the face," or "some powder that can give a color to the cheeks," which the cheeks are sadly in want of. My reply to these readers would be, "Try the exercise-prescription for three months running, and then if, after this course of out-door treatment, the complexion fails to come up to your ideal standard, there is something amiss with the health, and your medical attendant should be consulted." The liver, or stomach, or nervous system, may be at fault; and I may safely say that nothing plays such havoc with the complexion as disordered nerves. The liver can, as a rule, soon be put to rights by

using the appropriate medicines, the stomach will give more trouble, but the nerves will give the greatest trouble of all. They control everything in the body for good or for evil. They are most easily put out of working order, and they are most difficult to put into good working order. I may add incidentally that nothing puts the nerves so quickly into tune as the open air prescription. Daily exercise out-of-doors quickens the circulation, the nerves are better fed, as it were, by the purer blood which flows beside them, they in their turn stimulate the bloodvessels to healthy action, and the glow of health is visible in the face, which is only another term for healthy nerve and bloodvessel. Can any "Bloom of Ninon" or "Poudre d'Amour" compete with this condition? I hardly think so. These face powders are, as it were, supports to a broken limb; they do not mend the fracture. If the complexion wants some artificial help, then there is but little objection to patients using some simple face powder. Those made of rice, starch or French chalk, are the simplest, and therefore the best. The addition of coloring matter is an affair of pictorial art, and not a question of therapeutics.

In reference to exercise, I would say: Always let it be properly timed. For the delicate, the so-often-prescribed walk before breakfast is quite a mistake, unless the walk is of about five minutes' duration. Actual exercise should never be taken soon after a full meal; and after active exercise there should

always be a quiet interval of rest before food is taken, especially before sitting down to a really serious meal.

The good results of exercise are shown by the body being evenly warmed in every part. If the patient comes home with cold feet and hands, or a pale face, then the walk has been too long, or the heart is in a weak state. Here the mode of taking exercise must be altered. Riding may be exchanged for walking, or a short, but lively, game of lawn tennis may be tried as a variety. A long walk is by no means advisable for delicate women; indeed, walking exercise is, for some people, the most fatiguing, and the least profitable that can be taken for their health. When there is a weakness of the muscles that support the spine, long walking and long standing are most injurious, and lead often to lateral curvature. In these cases there is no kind of exercise so helpful to the body as rowing. But every young woman who handles an oar must always row more with the muscles of her back, and not so much with her arms.

MASSAGE is so universally used nowadays that it is like telling a twice-told tale to mention it even, but I would offer one suggestion in reference to its use, and this is not to fatigue the patient by too long or too energetic manipulations. It is a form of passive exercise, and the muscles and nerves of a delicate woman will not stand an overdose of massage, any

more than a weakly patient will bear an overdose of strong medicine.

I have heard many patients say that "they cannot bear massage, it is too fatiguing." It fatigues, because it is pushed to excess, or it fatigues because the wrong movements are given, or it fatigues because the operator, instead of vitalizing the patient, absorbs the patient's animal electricity himself. This may seem fanciful to some of my readers, but to those who have used scientific exercises for many years it is a matter of the commonest experience, and it is almost too trite to bear repetition. Massage is after all only a little sub-branch of the great system of scientific exercise which Ling's wisdom introduced. Ling's name is unknown to many of those who use this branch of therapeutics, and certainly the medical profession rarely have his name on their lips. Poor Ling is out of fashion; massage is the mode.

Ling's system requires knowledge and careful application. Massage can be learned, so they say, in a few weeks, and certificates of aptitude are given after a short course of training. Is it wonderful, therefore, that massage should be the mode and that Ling's exercises should be lost sight of?

BATHS.

The use of exercise will naturally lead me to speak of baths, a most important part of my subject. Bathing has in some periods of the world's

history ranked as a fine art, and there are some reasons for thinking that at the present time even, it can be raised to such a dignity. So far it is a question of cleanliness, of comfort, and therefore of health. There is a wrong way and a right way of carrying out the simplest principles of hygiene, and this is the case in the mere taking of an ordinary bath. If a chill can be given by taking a cold bath, and the chill can lead to an attack of pneumonia, bathing is not such a simple affair as at first sight it may appear to be. Therefore I will now give a few suggestions as to the proper use of the bath as an accessory to the toilet. The first suggestion is:

Never to take a cold bath when the nerve power is much lowered.

The second is—Never to take a cold bath when the body is heated and fatigued. Nerve power low again.

The third is—Never to take a bath of any kind whatever soon after a meal. Nerve power wanted for process of digestion.

The fourth is—Never to take a cold bath of hard water when chronic eczema is present.

These are the negative suggestions.

Now for the positive.

Tepid baths followed by splashing of cold water over the body are the most suitable for those who suffer from a weak circulation, whose nervous system is at fault, or who are liable to disturbance of the liver or bowels.

Warm baths of plain water or medicated in different ways are most suitable for sufferers from chronic skin disease.

The oatmeal bath, the soda bath, the linseed-meal bath, the marshmallow bath, are all excellent for those who want a sedative action on their skin.

The sulphur bath, the acid bath, are stimulating, and the electrical bath stands midway between soothing and stimulating. The choice of the appropriate bath must always be left to the judgment of the medical man in attendance.

Besides the application of water *en masse* to the patient's body, we have most powerful help at our disposal in the shape of vapor baths and Turkish baths in their various modifications, and indeed I am inclined to think that these are more soothing and at the same time refreshing than any other form of bath.

The great caution I would give in the use of these baths, is to take the bath quickly and to dress quickly soon after. There is no doubt whatever that great harm is done to patients in weak health by a very long sitting in a hot room, and by a very slow cooling after the douche in the dressing room. At the end of the bath the patient is exhausted, and on leaving the bath-room is very apt to get chilled on going out into the cold air of the street.

To those who want a very soothing bath for the skin, I would recommend one with oatmeal in it, to which a good supply of milk has been added.

I must give a word of caution in reference to *sea bathing*.

In cases of eczema it should never be indulged in, the action of the sea salt is far too irritating. Some forms of gouty eczema are made worse by the mere fact of visiting the seaside, and also some cases of acne which are complicated with erythema.

CLOTHING.

After the bath clothing must be considered.

Now I approach a disputed field. Flannel is the subject of the dispute. All dermatologists are agreed in condemning the use of flannel worn next to the body in chronic skin disease. In acute and in semi-acute disease, I agree with them. But there are cases of chronic psoriasis, of chronic nettle-rash, and of chronic eczema, where the nerve power is low, the circulation weak, and where a very fine woollen material may be worn with comfort, especially if any local spots of suffering are covered with fine linen.

Indeed, in psoriasis of the elbows and knees, and in—let us call it—patchy eczema, the affected parts would almost be sure to be protected by a wrap of medicated linen.

The very fine Jaeger, Morley's finest woollen underclothing, and the cellular, are all well worth the consideration both of patient and medical man. When patients perspire freely, and are exposed to changes of temperature, or when the circulation is

weak, so long as the skin is not inflamed there can be no question as to the superiority of woollen underclothing over linen goods. It is not merely safety for the weak but also comfort for the strong.

Jaeger's suggestions are eminently practical, and the marvel is that in such a trifling matter as that of the leather hat linings and the leather shoe and boot linings we have gone on mopping our foreheads and inflaming our feet needlessly for some centuries when a little bit of flannel inside the hat or boot would have made us all so comfortable. Rowing men invariably used flannel linings to their straw hats when I was an undergraduate at Oxford. Why they discarded their flannel when they left the University and donned their beavers I cannot tell, but they all have done so, till Jaeger came and convinced the world of its error. I for one have repented of my error. But the leather lining to the hat, like the silk outside, is such a respectable old tradition, that it will take another half century to get rid of it.

In cases of acne or of eczema of the forehead the leather lining is a positive irritant to the skin; indeed, it has been found to irritate a healthy skin, from the presence of some injurious compound applied to enamel the leather linings. Arsenic has been found in these enamelled linings.

CHAPTER IV.

LOCAL APPLICATIONS.

WITH reference to these local applications I cannot help being struck by the more frequent use that is made of mineral compounds than of vegetable extracts. One has merely to run the eye down a list of formulæ of lotions or ointments prepared for the skin, and prescribed by the best dermatologists, and one finds the constant recurrence of mercury in its various forms, bismuth, lead, copper, silver, and zinc. These potent minerals meet the eye at every turn. But the vegetable extracts are few and far between. Is this a matter of clinical experience, or is it a matter of tradition?

I think it is due to both influences. The mineral traditions are not as yet very old, for dermatology has been a subject of scientific interest for barely half a century. But here is an instance of a curious phase of human thought—this constant acceptance of another man's teaching, without asking a few questions as to "the why" and "the wherefore" of the doctrine taught.

In the first place, there is yet much to learn as to

the mode of action of the simplest wash or ointment. Is the agent which is locally applied always absorbed by the skin when the skin is unbroken? or does it act by stimulating the superficial nerves and bloodvessels?

In the case where the skin is unbroken there is a double action—absorption takes place and also local stimulus is given to the surface nerves.

The most direct way to investigate this local action would be to experiment on portions of the body where the skin is very thin and watch the result of local medication by using a magnifying lens of a moderately low power.

In the meanwhile, I think it would vary the monotony of these mineral formulæ if some of the flowers, the leaves, and the roots of our plants were called into requisition.

The marigold, to my thinking, takes a place in the front rank. The daisy has soothing properties, according to a few unprejudiced observers. The marshmallow is well known for its soft mucilaginous qualities. The juice of the cucumber has been popular as a toilet accessory for some years, and its popularity is by no means on the wane. An infusion of the common watercress has a stimulating character, and has been used in this country for some years past for chronic irritation of the inner part of the eyelids.

As a local pain soother the chamomile has found favor with students of both the old and the new

schools of medicine, but the internal use of this flower is more acceptable to adherents of the new school. The witch hazel (*Hamamelis*) has won golden opinions for the relief of congested veins, and can be used with advantage in heat and flushing of the face following exercise. Besides, it makes an elegant eye-lotion for conjunctival irritation. The powdered bark of the slippery elm is well worth a trial in the case of boils or pustules.

For face powders I should recommend very finely ground Indian corn, rice, wheat-flour, starch, orris root, which belong to the vegetable kingdom, and very finely powdered oxide of zinc, bismuth, and boracic acid, and silicate of magnesia, to be chosen from the mineral world.

I should always eschew the use of lead or mercury unless ordered by medical advice, especially when the skin is broken.

A mixture of boracic acid and starch powder is very helpful in cases of excessive action of the skin. It is cooling and deodorant.

A mixture of boracic acid and starch powder, to which a drop of the strong tincture of calendula has been added, can be used with advantage in cases of eczema where the skin is cracked and irritable. There is no fear of its setting up irritation. I have dusted this preparation on deep wounds of the scalp, arm and leg, and on large superficial abrasions of the skin, to the great comfort of the patient, and with rapid healing up of the wounds. The term

"acid" is a little alarming to the laity; they think that an acid must, of necessity, be an irritant, but this particular one is a soothing antiseptic. As a nose snuff in anterior nasal catarrh it has won its laurels, but this mode of application is known to very few. I introduced the use of it in my private practice some months ago, and have no reason to regret my first trial of it in a severe case of chronic nasal catarrh.

Some of my readers may think that any allusion to the nose in a work devoted to the hygiene of the skin is out of place, but when we consider that the nose is one of the most striking features of the face, and is attractive by its beauty of form and color, a little attention paid to its troubles and defects might after all be in season. The internal trouble to which it is chiefly subject is, I need hardly say, catarrh, and, in many cases, chronic nasal catarrh leads to serious mischief within and to disfigurement without. Indeed, this last condition appears to many worse than the first. Mischief in the lungs, mischief in the bowels, mischief anywhere, so long as it is only out of sight, is bearable, but disfigurement, *that* is the condition so much dreaded by human beings. The nose, therefore, should not be neglected. A chronic catarrh may lead to the formation of a growth; this growth may and does alter the shape of the nose. Again, a state of chronic ill-health is apt to be followed by acne of the face, and, in many instances, the acne spots are tiresome enough to set

up their little tents on the nose. But even the very mechanical irritation which catarrh induces is followed by an attack of herpes and sometimes eczema. It is well, therefore, for all those who value their good looks to pay especial attention to the state of the nose, and it is equally important for every well-trained physician to question the nose in all cases of chronic catarrh or chronic ill-health. The daily use of a small speculum will be the means of his gaining much valuable information.

The same spirit of inquiry should lead medical men to examine the eyes and ears of their patients. Constant irritation of the eyelids in childhood, due to blocked sebaceous glands, if uncared for, is followed by mischief that takes months and years to remedy. A little timely notice and care would obviate the occurrence of a lifelong trouble. The hidden mystery of the ear should be left entirely to the charge of a skilled practitioner. That villainous habit practiced by some nurses of trying to clean children's ears with a hair-pin, must be mentioned simply to be condemned. The use of a soft towel moistened with water is all that is required for the proper cleansing of the ear. Pain or deafness should receive medical attention.

SOAP.

The question of soap with reference to skin disease is all-important. Therefore, I shall make no

apology for devoting a few paragraphs to its consideration. Now-a-days there appears to be no difficulty in obtaining a good soap for the toilet, or one that is suitable for delicate skins; that is, if we are to judge by the written testimony given by some beautiful women and some learned men in favor of a very popular soap.

There are soaps and soaps. The qualities of one particular soap are by no means commendable to every member of the community. We do not all want a soap that lathers well, for this generosity of lather implies an excess of alkali, and this is certainly irritating to some skins. Neither do we all care for the presence of tar in our soap, nor of glycerine either. The presence of tar in the soap is most hurtful to patients who suffer from acne simplex, and the merest trace of glycerine in a soap will re-light the fire of a slumbering eczema in others. So that we must admit, in spite of all the big letters on all the big boards, that there is no one soap suitable to every skin any more than that there is one medicine which can cure all diseases.

Patients with delicate skin, or suffering from chronic acne or eczema, should be most careful in their choice of a soap.

It may be naturally asked then, "What are the essentials of a good soap?" Let us reply to the question briefly. A good soap should first of all be pure. This is a *sine qua non*. By purity I mean freedom from all products of animal or vege-

table decay and from the adulteration by glue, potato starch, sugar, chalk, or clay. The animal fats should be clean and the vegetable oils should be sweet. The next essential is that the soap should be non-irritating.

If there is impurity in the soap then irritation of the skin will be set up; or if there is an excess of alkali we shall have a like result.

Thirdly, a soap must have good cleansing properties, and these will depend on the proper adjustment of alkali and fat. Indeed, it is the co-relation of the first two essentials that gives us the third in its perfection. Color and scent are merely accessories and by no means essentials.

From a sanitary point of view, then, all that we should expect of a good soap is that it should free the skin of foreign particles without hurt to the surface cells of the epithelium. Dr. Eichoff says, in his most excellent monograph "On Soaps," "As a hygienic means soap should not act chemically on the skin, but mechanically." Further on he says, "As a rule we call a soap hygienically bad which contains more or less of excess of alkali, for such a soap will always be harmful to a normal skin. By saponifying the skin it will rob it of its normal fat and will cause the cells of the horny layer to be shed prematurely." For this very reason cocoanut oil soap is by no means to be recommended, as it requires an excess of alkali for its manufacture. It lathers well, and removes dirt

and grease from the skin readily, but its constant use is very apt to be followed by skin irritation and chapped hands.

"A good soap, from the hygienic point of view, therefore, should be neutral," says Dr. Eichoff, "and to speak more accurately it should contain no free alkali."

This naturally leads us to the mention of Unna's admirable choice of materials for the making of his over-fatty soap. He has united beef-suet, olive oil, potash, and soda, in the proportion of about 67 per cent. of fats to the soda and potash. The resulting compound is one that can never hurt any healthy skin, and which can benefit nearly all irritable or delicate skins.

He has gone a step further, and medicated this soap in various original fashions; and any one who is interested in the subject can have their interest gratified by reading Dr. Eichoff's admirable monograph on the subject.

There is a great objection made by some medical men to the scented soaps on account of the scent being sometimes added to mask impurities, which without the scent, would be objectionably prominent. This may be the case in some instances, but there are many high-class soaps—Pears' soap for example—to which a little scent adds a charm without spoiling any of its good qualities. Only let the soap be pure and the scent refined, then no

harm can befall the skin by a combination of scent and soap.

Finally, I will briefly point out the conditions where the use of a potash soap is commendable. In that greasy state of the skin where acne simplex and seborrhea of the scalp are met with the use of a potash soap will give excellent results. In the thickened state of skin where psoriasis occurs, or where eczema makes a prolonged stay with fish-like scales, the potash soap will be of good service in softening the upper layer of epidermis.

And in cases where the presence of vegetable parasites is suspected its use will admirably precede or go hand in hand with suitable germicide treatment.

But this potash soap should be of the purest quality, otherwise the skin will suffer severely.

What is known as soft soap, or green soap of the *Pharmacopœia*, should be used, and always bought of a good chemist.

Before I bring this bundle of miscellanies to a close, I must say a few words on the use of face powders, lotions, and ointments. It is a difficult subject to handle, as after all I can only speak in general terms. Every face requires its special treatment, and therefore when I offer a suggestion as to any particular face powder or ointment I can only speak guardedly. I may certainly describe a few type skins as a ground-work for my suggestions, for the more I see of skin disease the more difficult

I find it is to put the right labels on the symptoms I meet with, or any labels at all sometimes. Take for instance, the dry skin of gout; it will vary with the perspiring skin of rheumatism. The skin characteristic of one form of strumous disease will be sometimes irritated with the catarrh of eczema, and on another part of the body will be seen the thickened tissue associated with lupus, and its long lasting disfigurement. To speak in general terms I would advise those whose skins perspire easily to use warm stimulating washes, followed by a light, quick touch with a sponge dipped in cold water, and then a little dusting of a simple face powder. Wash like the canaries and sparrows. Hot vinegar and water in the proportion of one part of vinegar to six of water to which a few drops of Eau de Cologne or lavender water has been added, is a most refreshing form of stimulating wash to the face, neck, and arms. It must not be used if there is any actual irritation in the skin. But when the face is flushed from exercise or from the atmosphere of a heated room, then it may be used with great advantage. Rimmel's toilet vinegar is an admirable preparation for this purpose, but the price limits its general use.

For those whose skin is tender, and chaps or roughens easily, the vinegar lotion is too stimulating. In this case I should advise by preference the use of a toilet water composed of simple herbs. The marigold has great healing properties in all cases of

wounds or abrasions. Procure the aqueous tincture of calendula.

If we wish to keep the skin in a good state of health we must use all our endeavors to keep the whole body in good health. For, though sometimes the appearance of a rash will relieve internal mischief, yet, unless the deeper tissues in the body itself were disordered, there would be no trouble on the surface.

To the medical man a rash is often a cause for rejoicing, as he knows by its appearance that important organs have been spared a blow. But the patient too often looks upon a rash as an unmitigated evil, and wants to get rid of it at all costs, and as soon as possible. Undoubtedly, some kinds of rash should be got rid of as soon as possible; for instance, those which are due to the presence of animal or vegetable parasites, and some of the squamous affections; also, long-standing eczema, where the patient's health has suffered from the very local irritation set up by the eruption; therefore the best treatment for the skin is that which puts all the organs of the body into the most perfect state of health, before one word is breathed as to the advisability of using this pot of salve or that bottle of lotion. When the appropriate medicine has been prescribed, and a suitable health regimen ordered, then the patient all expectant for the wonderful new soap with the unpronounceable name, may have his feelings relieved by hearing some judicious remarks from his medical man on the subject of soap.

Now, there are some skins that require soothing, and others that require stimulating, so that the local treatment in all skin affections may be broadly divided into stimulating and soothing; and in three cases out of five the skin requires soothing applications.

There might be added a third form of treatment, which is really a sub-branch of the soothing; and this I would call "protective." In some patients the skin is very sensitive to the contact of air, and here we can give great relief by covering up the affected parts, either by the use of wet compresses of plain warm water, or medicated with some soothing vegetable tinctures, or else by the use of soothing ointments, or by the absolute protection given by one of the gelatine pastes. All cases of acute eczema, and many cases of chronic eczema, require soothing treatment. When the affection has run a long tedious course, and the skin has lost a great deal of its nerve force, then a stimulating treatment is attended by good results. But great judgment is required on the part of the medical man who stimulates an angry skin, and some endurance on the part of the patient.

I would now say a word on the local use of water in skin disease. The hard chalky waters have much to answer for in keeping up the irritation of a chronic eczema, and they greatly favor the formation of those painful little fissures that bite and sting the patient like angry ants whose quarters have been dis-

turbed; therefore, all those who have a delicate skin should boil and soften their toilet water. The mere process of boiling the water causes the chalk to be deposited in the kettle; and the softening process can be further carried out by pouring this same water in a boiling state over oatmeal, straining the oatmeal, and using this mucilaginous fluid for the toilet. We can even go a step further in softening the water by adding warm milk to the oatmeal water, in the proportion of one part of milk to two parts of water.

I usually recommend patients when making the oatmeal water, to take a good heaped-up handful of meal and to pour a pint and a half of boiling water on it. Then the water should be strained through muslin, and warm milk added, and the fluid used to the face lukewarm.

There is no doubt that rain-water is the softest water that can be used for toilet purposes, but in towns so few householders have a butt or tank to collect it in. I will give one word of caution to those happy householders who possess a rain-water butt: They will do well to boil this water also, to free it from organic impurities.

I would offer another suggestion in reference to the local use of water. I have known patients who were very careful of their soap, water, powders or ointment for the face, but when actually suffering from eczema of face, legs, and arms, they have not hesitated to take their morning bath of hard un-

softened water. Now, it is just as important to use soft water for the body-bath as it is for the face. In many cases of chronic eczema the use of soap and water at all may be dispensed with for weeks together.

This may sound very dreadful to some fastidious readers, but soap and water are not the only dirt removers available for human beings. Gently smearing the face, neck and arms with any well made cold cream, and then as gently rubbing the skin so treated with a very soft towel, is a good equivalent for a face bath of soap and water.

CHAPTER V.

SHORT NOTES ON SOME OF THE COMMON FORMS OF SKIN DISEASE.

SOME short notes on the common forms of skin disease may be an acceptable addition to the suggestions already offered. The truth is that the laity take as deep an interest in spots and pimples as medical men—that is when they are sufferers themselves.

They wish to be clear of their spots for their own appearance' sake, and the medical men wish to get rid of them for their reputation's sake, always allowing some exceptional cases, where the eruption is really a benefit to the patient for the time being. But I cannot help thinking that we are all glad enough to have a clear skin, and a comfortable one into the bargain, and the sooner it is clear and comfortable the better we are pleased. The very fact of the skin suffering from discomfort is a proof of its unhealthy condition and of general bodily ill-health.

Let us name some of the commonest forms of skin disease :

Eczema stands at the head of the list.

Acne in its various forms follows closely next.

Seborrhæa is a natural sequence to the two first mentioned. *Psoriasis* may come next.

The *erythematous affections*, with *nettle-rash* at their head, make a good fifth, and *herpès* may complete the list.

I will not now speak of those skin affections where vegetable or animal parasites give rise to the symptoms, as I wish to pay attention to those troubles of the skin which have more or less of a constitutional basis. It is of the latter that I would say a few words.

First of all, because they are of so frequent appearance; and secondly, because some of them are easily recognized; and thirdly, because nearly all of them are easily aggravated.

I think I must qualify my second proposition as to their being easily recognized, for to take the very first on the list, *eczema*, is to meet with a difficulty.

In many cases of old standing, squamous *eczema*, the eruption may be often taken for *psoriasis*, and both animal and plant parasites will, after a while, set up an *eczematous* eruption, while the true cause of the mischief lies beneath the surface.

ECZEMA.

However, I will give a brief description of *eczema*—simply as a guide to the patient.

What is to be seen in a case of acute *eczema*?

Redness of the surface skin, swelling of the deeper tissues, an erythematous rash of fine papules or a rash made up of small vesicles.

What is felt by the patient?

Heat, itching, throbbing and aching in the affected part, and a general sense of malaise.

Accessory symptoms may be a disordered state of the stomach, liver or bowels. Headache, nausea, thirst and occasionally slight feverishness, may complete the list of symptoms.

Here is the beginning of trouble, but what follows is even more difficult to bear. The acute stage runs into the chronic. Now what is visible? The skin is still very red, in parts it is more swollen, and in parts the skin is broken, and a watery fluid escapes by little cracks and crannies. The escape of the fluid at first relieves the tension of the swollen tissues, but it adds to the surface misery by drying and hardening on the fissured portions. Later on, in the progress of the disease, the fissures widen and deepen, the inflamed patches have a larger area, and when the patient is of a strumous habit matter forms, and where matter forms pain is sure to be its associate. When the exudation of watery fluid has gone on for some time, the skin comes away in flakes and scales, and in certain portions the surface gets very dry and hard. Furthermore, the itching of the affected parts is so great that the patient, in search of

temporary relief by scratching, aggravates his condition.

Here, then, is a slight sketch of eczema. It is but a sketch; the finished picture of disease must be looked for in the classic works of Wilson, Hebra, or Tilbury Fox.

The next point for consideration is, What is the cause of this trying affection?

There are many causes.

Inheritance is one, and a very important one.

Ill-health is another, whether we call the ill-health gout, struma, diabetes, or nerve breakdown.

Occupation is another, such as the handling of materials covered with aniline dyes, sugar, arsenic, or mercury, or exposure to heat and cold.

Improper diet, whether this errs on the side of surfeit or starvation. Dives and Lazarus were both fit subjects for eczema.

Again, parasites, whether of animal or vegetable kind, can so inflame the skin that a chronic eczema is the result.

Here, then, are some of the causes of this skin affection. It may be asked, "What is the cure?" To this I reply, "Prevention must be thought of by the patient, and the cure left to the medical man."

The prevention of eczema requires of the patient that he should strictly follow a rule of healthy life.

The gouty must be careful in matters of diet, the strumous must be well fed; those whose nervous

system is at fault *must* be well fed, well clad, and not overfatigued either in mind or body.

The use of hard water for cleansing the skin, or of strong alkaline soap, or of any soap whatever, must be given up.

The irritation of either cold wind or hot sun must be guarded against, and of course the handling of all irritating substances must be abandoned.

This is the outline in brief of a very important affection, and one that has tried the ingenuity and wisdom of some of the best dermatologists, and is doing so still.

ACNE.

Let us now take acne, for I think it certainly stands next in order of frequency on the list of skin diseases.

It is undoubtedly easier to recognize than eczema, but unfortunately it is by no means easier to cure. It is simpler in type, that is the kindest word I can say of it. The two forms which are so commonly met with are acne simplex and acne rosacea.

There may be little difficulties connected with its recognition—as, for instance, when little patches of roughness and scaliness surround the spots of a chronic pustular acne, which have appeared again and again in spite of all efforts to make a clearance of them. These little patches may partake of the character of eczema or psoriasis. They are spots of thickened tissue, with scales of epidermis at their edges.

But yet, with ordinary care, acne of both kinds can be readily distinguished from all other affections of the skin.

What is the cause of simple acne?

The cause is due to defective nerve force at the time of puberty. The immediate local cause is arrested secretion in the ducts of the sebaceous glands or hair follicles.

The eruption appears chiefly on the face, chest and back. It consists of enlarged and inflamed hair follicles. Some of the pimples have little black heads in their centre, "comedones" as they are called. Others are simply red and angry hillocks on the surface of the skin. Others, which contain matter, have a reddish base with a creamy-looking summit, and then we have the condition known as pustular acne.

The chief trouble of acne in all its forms is that it disfigures the patient, and that it is such a tedious fixture. One of the commonest remarks I hear made by those who have suffered some time from this affection is, "I have tried everything for my spots." This often means very little, and sometimes it means everything but the right thing. And then I am asked almost in the same breath, "Can you not give me something to do them good?" And to show the all-absorbing character of the spots the patient usually asks for "something to do *them* good" not to do *her* good. She would be well enough, so

she thinks, but for these little spots, Macbethian in their undying character.

The next point to be considered is the general management of this acne simplex.

This, in a few words, is to keep the body in the best possible state of health, the mind free from worry, and the skin free from accumulated secretion.

In the treatment of acne simplex one of the simplest and best of applications is warm soap and water. Freely rubbing the skin with a flannel moistened with warm soap and water clears the openings of the sebaceous glands and thereby allows pent-up secretions to escape without let or hindrance, thus preventing in many cases the formation of pustules. By so doing we have a simple form of acne to deal with. Greasy applications do more harm than good, for they block up the outlets for the escape of secretion. A pure soft potash soap is the most appropriate. But I would again impress on my readers the fact, that though acne is associated with a local trouble, and therefore local treatment is essential to its cure, yet at the same time there is always a constitutional defect in the patient which must never be lost sight of. Some dermatologists insist too strongly on the local treatment of these cases without having due regard to the constitutional element in disease. Why is it, then, that acne chooses to attack some faces and leaves others to go scot free? Because one patient

inherits some peculiar defect in the hair follicles, and another, from her mode of life or unhealthy surroundings, has gradually acquired a bodily weakness, which shows itself by developing the local trouble called acne. Therefore, at the risk of being thought tedious, I repeat once more that to treat acne with success we must improve the general health in every way, and we must keep in mind that acne is one of the accessories of a great physiological change in the body. It is the result of a crisis which Nature takes part in, but in which she requires a little help to play her part successfully.

Just as eczema is such a frequent incident during the teething of infancy, so is acne a frequent accompaniment of the change of life that takes place when the boy's voice changes to that of the man. And furthermore, as acne rosacea, it shows itself not unusually during another great physiological change in the woman's life. This is at middle age.

Acne is a trouble which requires the help of good nourishing food and vitalizing agencies of all kinds, rather than a low diet and medicines that depress the system.

The old senseless tradition of poor food and aperients should be forgotten as quickly as possible, especially in the treatment of skin diseases.

Here is a case of traditional error. A young woman is attacked by pustular acne. Her mother—the usual house physician—sees the redness and the pimples on her daughter's face. At once she jumps

to the conclusion that her daughter's blood is on fire and wants cooling. She invests in a box of those wonderful pills which cure everybody of everything, and whose great virtue is that they "cool the blood," whatever that means. Her daughter has now two discomforts instead of one. I need hardly say that this poor girl's diet is of a less liberal character than before. Outraged Nature is silent at first, but finally shows her disapproval of the treatment by sowing fresh crops of acne pustules.

To come back to the local treatment of acne. The first step is to keep the skin clear of dust, dirt and excessive secretions by the daily use of warm soap and water. The next step is to sponge the pustules with very hot water, to which a dash of calendula tincture has been added, then to dry the skin with a very soft towel, and lightly to dust the face with a simple absorbent powder, which should be removed in a minute or two after its application, is a good and simple way of treating acne.

Squeezing the pustules, unless they are quite mature, is very apt to be followed by greater irritation, and sometimes by permanent thickening of the tissues.

In the case of acne rosacea—especially if there is any gouty tendency—careful attention must be paid to the diet. Rich food, indigestible food, malt liquors, fiery wines, must be avoided. This form of acne is often met with in patients at the middle period of life, and women are more often sufferers

than men. *Acne rosacea* is a great enemy to the complexion when a woman has entered upon the change of life; for there are so many rapid ebbs and flows in the local blood supply of the face, that the circulation is apt to get sadly irregular. Sudden waves of heat pass over the face, the capillaries cannot always stand the shock, and a state of chronic congestion takes place which is most difficult to remove. Therefore, patients who are passing through the change of life should be careful of their diet and careful of all local irritation of the face; they should avoid applying cold water to relieve the heat of a glowing skin, but rather use hot or warm water; this is safer, and in the end more cooling to the surface. Moist heat relaxes tension of loaded blood-vessels.

NETTLE-RASH.

I will now touch on the subject of nettle-rash, one of the few skin diseases which has a characteristic name. For it is very like the irritation caused by the touch of the stinging-nettle. Large wheals of rosy outline form on the skin, which itches and burns,—the wheals suddenly appear and as suddenly disappear. The finger-nail passed across a wheal leaves a white line, and then a faint pink line, which quickly fades away. In the centre of the wheal there is a whitish elevation. Fresh wheals may be produced by scratching the edges of nearly faded spots, and also by irritating healthy interspaces. The rash may attack any part of the body; for in-

stance, the face, the back, the chest or the abdomen. But the face and the back are the most favorite localities for its fire to break out in. When the face is attacked, the patient presents a sorry sight: the eyelids are so puffed and swollen that he can hardly see out of them, the nose has lost its delicate outline, the lips swell, the ear lobes are like pendent raspberries, and at first sight the suspicion of measles crosses the observer's mind, for dislike of light is often complained of and the eyes run with water. But, as a rule, there is no fever, and the rash disappears on some parts of the body to reappear on others. Besides, the patient is often depressed in mind as well as body, and some error in diet, a chill, or a nerve upset, can be noted on careful inquiry.

Here is a skin affection whose origin can be plainly traced to nerve disturbance. It is a true neurosis, and the skin is one of the safest localities on which the nerve storm can expend its force.

It is neuralgic in character, for it sometimes becomes chronic, and then it has an unhappy habit of appearing at the same hour of the day or night, and, at times, it will take the place of asthma, which affection is so often met with in patients of highly nervous temperament.

The causes of nettle-rash are nerve-irritation, errors of diet, exposure to sudden changes of temperature and local irritation.

Thus, anger or grief may cause an attack in those

predisposed. Shell-fish, acid fruits, pickles, pastry, cheese, may so irritate the nerves of the stomach or bowels as to induce an attack, and even such humiliating irritants as fleas, ants and microscopic parasites are potent enough to cause this form of neurosis.

In the case of the nettle-rash of childhood, nothing is too lowly for our investigation. A child may have its night's rest destroyed by a miserable little parasite, which requires all a mother's ingenuity and address to capture and destroy. Some mothers would overlook the parasite, and murmur something about "a little cooling medicine for her darling in the morning."

SEBORRHEA.

A natural sequel to acne is the condition known as seborrhea, or, by some writers, sebaceous acne. It is of frequent occurrence; its good quality is that it gives the patient but little discomfort; its bad quality is that it leads to premature baldness when it attacks the scalp, and it mars the beauty of the complexion when it is found on the face. Occasionally it predisposes to eczema. Dr. Unna, of Hamburg, looks upon it as a frequent associate of eczema.

In cases of Seborrhea we have a greasiness of the skin, with free shedding of the surface cuticle. The greasiness is due to excessive secretion from the sebaceous glands, and excessive secretion leads to lowered vitality of the glands themselves; so that

when the scales of the epidermis are removed, the mouths of the follicles gape from relaxation. The chief seat of the seborrhea is the scalp, but it may extend to any part of the body.

When the scalp is carefully examined, we find masses of yellow, greasy scales, which are readily detached, and the scalp itself looks pale—I might say *anæmic*. It is rarely reddened, but in this case we may find patches of eczema mixed up with the seborrheic state.

There is a greasy seborrhea, and there is a dry seborrhea. The former is seen in infancy, youth, and adult life; the latter is a concomitant of middle age and senility. Thus we see that it may occur at any period of life—from earliest infancy to extreme old age. It may attack any constitution—the strumous, the gouty, the tubercular, the syphilitic, and at the same time it refuses to spare the strong. It shows a singularly impartial spirit. It may last for years unrecognized, and therefore untreated; whereas if noticed in infancy or youth, a few weeks' careful treatment may cure the trouble, or certainly keep it at bay.

The greasy form of seborrhea is undoubtedly met with in patients who suffer from acne simplex, and the dry seborrhea is a frequent companion of acne rosacea. At any rate, this is my own experience in the matter. Some dermatologists note a parasitic element in this affection of the skin; and judging from the way in which it spreads in circles and semi-

circles, and from the microscopic evidence given in some advanced cases, I have a strong leaning towards this belief myself.

The treatment consists in keeping the skin clear of epidermic scales by the use of potash soap, thus giving the skin greater freedom in breathing, and then applying some suitable lotion or ointment to the affected parts.

An ointment of tannic acid and cold cream in cases of greasy seborrhea is one of the best.

For the seborrhea which affects the trunk of the body and the limbs, the use of a germicide ointment will be followed by excellent results, preceded by free supplies of the potash soap. Indeed, I am inclined to think that alcoholic potash soap is in itself an excellent germicide. A colleague and friend of mine—Dr. Barry—has lately treated a case of tinea versicolor most successfully by the free use of potash soap. The patient had suffered from this tinea for three or four years, and had consulted various medical men both in Paris and London, and—until Dr. Barry began to treat him—had found but little relief from their suggestions. After a week's treatment on the new lines, he made rapid improvement, and in less than a month was quite free from his trouble.

I need hardly say that any defects of health which are met with in seborrhea must be attended to, but the local treatment of this affection is all-important.

HERPES.

Herpes and psoriasis require but short notice at our hands. The first-named is due to nerve irritation. The affection popularly known as "shingles" is principally a nerve disease with a surface indication of the mischief within. The ring of vesicles which forms round the body follows the course of peripheral nerves which communicate with the posterior roots of the spinal nerve.

In the case of herpes of the upper lip, which occurs during an attack of pneumonia, we have reflex irritation set up from the inflamed lung.

In the herpes of the upper lip, which comes on in the course of an ordinary cold in the head, we have a double case: nerve weakness from the cold, and local irritation from acrid secretions.

Psoriasis, on the other hand, attacks the gouty and the strong, not that these are always interchangeable terms; but I have more often seen the long, persistent trouble of psoriasis in patients of tough fibre and of a gouty and rheumatic inheritance, than in those who are in delicate health.

PSORIASIS.

At the same time, the statement that psoriasis is always associated with robust health requires some modification, for there is a form of psoriasis met with in women who are nursing their children which is increased during lactation, and which disappears

when the child is weaned and when the patient has regained her normal strength. I have also seen occasionally cases of psoriasis occurring in delicate children, and which subsided under liberal diet and a restorative treatment. Even here we see that lowered life-power is a cause of this trouble.

What are the chief characters of psoriasis?

The body is marked with dry patches of thickened skin, redness not being a conspicuous feature, but a white, silvery scaliness being ever present in the centre and at the edge of the patches which are raised above the level of the skin. When the white scales are detached then redness is visible, and there is slight redness at the free border of the patches, which have an abruptly different aspect from the surrounding skin. Psoriasis may extend all over the body, but as a rule it attacks by preference the elbows and the knees. In these localities the skin is naturally dry and hard, and here also soap and water too often play a subordinate part. Therefore one of the first and best methods of giving relief in this condition of affairs is to apply a flannel well charged with soft soap and water to the affected part. Then, when the surface scaliness has been softened and rubbed away, an ointment with tar for its chief ingredient should be applied to the skin. I have lately followed up the soaping and tarring by the use of one of Unna's salicylic acid and kreosote plasters. The results obtained have been of the most satisfactory character. My last case treated

in this way, and still under treatment, is that of a man in apparently good health, who had patches on both elbows, both knees, and on the calf of the right leg. He had the first symptoms four years ago. He had been medically treated at different times with varying success. I began my treatment with an alcoholic soft soap well rubbed in. Then I applied the huile de cade, and in a week's time there was a decided improvement, but the salicylic acid plasters, 38 per cent., made a visible improvement in three days' time, and in ten days' time the hardened patches were getting thin and pliable and the harsh, constricted feeling was giving way to a sense of comfort. I have not given my patient a dose of medicine for this trouble. Should there be a relapse, as is quite possible, I may then combine constitutional with local treatment. But at present I am more than satisfied with the local treatment.

The patient who is affected with psoriasis is, I might almost say, a fit subject for congratulation, because this affection is not often visible; secondly, because it so often attacks the naturally strong; and thirdly, because it has neither the burning fire of eczema nor the irritating glow of nettle-rash.

But it has one great fault, and that is its unamiable sense of constancy. A temporary separation is often possible, but a good honest divorce is very difficult to obtain, even in the higher medical courts. The best local preventive is the unswerving daily use of soft soap and water.

As I am not writing a scientific treatise on dermatology, I will not touch on the rare or serious forms of skin disease. I have put together these short notes as a guide to lay people when they find a little spot of roughness, hardness, or redness on their bodies which ought not to be there, and the nature of which they may have a difficulty in finding out. And when they have discovered this spot of irregularity, I offer some suggestions for simple treatment, which may prevent a vesicle from always growing into a pustule, or put some obstacle in the way of an eczema becoming an impetigo, or give a hint that may stay the progress of an ordinary boil, which so often begins in a blocked hair follicle.

The beginnings of mischief are more easily controlled than the established fact of a chronic trouble. Unerringly to note the beginnings of mischief requires the trained eye and the practiced hand; but it is far better to know the outlines of disease than to be in hopeless ignorance of every form of ill health. What shall we think of the harm done by a nurse or a mother who treats scarlet fever as nettle-rash for twenty-four hours or more? Some may say that mothers are not always expected to know the character of a scarlet-fever rash. Granted. But every mother should have knowledge enough of the commoner eruptions to make her careful in the treatment of any rash, which may certainly, on the one hand, be harmless, but which, on the other

hand, may spread disease like wildfire if not isolated on its first appearance.

Only a few months ago I was called in to see a little girl who had "a nasty rash on her body, and had been feverish with it." The patient was in bed; the feverishness had nearly departed, but there were unmistakable symptoms of scarlet fever. The mother, being short of servants, had brought her baby up-stairs to the patient's room, and in due time the baby suffered also from scarlet fever, and the mother herself had an attack of diphtheritic sore throat. Fortunately, all the patients made a good recovery, but if this very mother had only learned enough of disease to make her hesitate, she would have not run the great risk of losing her youngest child.

CORNS.

My work would not be complete without a few words on the subject of such minor troubles as warts, corns and moles, so I may as well tell my readers at once that warts and corns are due to excess of the surface-tissue of the skin—in fact, epithelial scales piled up in great lumps on the top of an enlarged papilla, and thoroughly out of place.

Hard corns are often due to local pressure, whether they fall on the hands or the feet; but those who suffer from periodical attacks of acute pain in their corns have often a gouty history to tell when medically questioned. And when the foot throbs, or is exquisitely painful, we know that a

small abscess has formed in the neighborhood of the corn—generally at its root; and as the tissues around the abscess are hard and unyielding, what appears to the unskilled observer as a very slight matter, is agony to the sufferer. The constitutional element in corns is by no means a trivial matter. The local trouble must be treated by local measures, but at the same time the general health of the patient should always be carefully looked into.

A suppurating corn with its fiery circle of inflamed tissues, and its sensitiveness to pressure, should be treated, like any other surface-gathering, by the application of moisture and heat, so as to soften the skin and relieve the tension of the congested bloodvessels. Rest for the foot should be strictly enjoined at the same time, and medicines that relieve the local inflammation should be given, such as belladonna alone, or conjointly with hepar sulphuris to favor suppuration.

The local treatment of hard corns is, of course, carried on with a view of removing all causes of pressure, and of applying some strong solvent to the skin, such as dilute acetic acid, or salicylic acid, which solvents are, according to my own experience, the simplest and the best.

I strongly deprecate the cutting of corns. However often the corns may be cut, or however skillfully, if the local condition, which gives rise to them, is neglected, these little growths will reappear, in spite of the most approved cutting or extraction. A

soft Jaeger boot or shoe is one of the greatest comforts to those who suffer from corns or bunions, and Jaeger stockings, with divisions for each toe, are the most suitable for those who suffer from soft corns. This kind of corn is due to excessive perspiration, and the woollen partitions gently separate the toes from each other, and prevent undue action of the skin.

A word of caution as to the local use of salicylic acid in treating these soft corns. Let the acid simply touch the corn itself, and let the application be only used about three times a week, otherwise the skin in the neighborhood of the corn is very apt to become inflamed and tender, and then the remedy will certainly be found worse than the disease.

WARTS.

For the destruction of warts on the hands I find nothing so locally useful as the salicylic acid. Undoubtedly, there is a strong nerve-element in the constitution of those who suffer from warts, and like acne simplex, warts are often associated with the change that goes on from childhood to youth. Therefore, nerve-remedies and tissue-remedies can be used conjointly with local measures. The so-called charming away of warts by wise women of the village, and by dealers in simples, is clear proof of the nerve-element in the patient.

A bunion is a more serious matter than either corn

or wart, and should, therefore, be consigned to the care of the medical practitioner.

But I may suggest the wearing of soft Jaeger shoes to relieve pressure, and advise a careful consideration of the patient's general health, as gout plays a most important part in the aggravation of this local trouble.

But, indeed, what organ or what diseased condition does not gout aggravate?

If a patient has a tendency to bronchitis, gout will make his attack more acute, and will keep up the agitation longer than is necessary for any well-behaved attack of bronchitis.

If the patient should suffer from eczema, gout will so poison his blood that the patient will become frantic with the surface-irritation, and the medical man will be sorely pressed to find a remedy to relieve the skin without too greatly disturbing the gouty influence, and thereby endangering the patient's life. I have lately been trying to solve this interesting but difficult medical problem of soothing local irritation without prejudice to constitutional well-being. The field of experiment was in a case of gouty eczema of some fourteen years' standing. My patient is now in better health than he has been for many years. I have reduced the irritation to a bearable degree, but I have not cured his eczema. It is very doubtful whether I ever shall, but good health and a tolerably comfortable skin are conditions not quite to be despised.

There is a very prevalent idea that all the victims of acne rosacea are thirsty souls, and that they have a habit of trying to quench their thirst with alcohol more or less diluted with water. This idea, like many other widely accepted ones, is mistaken. Acne rosacea attacks the physically weak and the mentally distressed, and I learned from one of the medical officers of St. John's Hospital for skin disease, that a large proportion of his cases of acne rosacea were found amongst the ranks of total abstainers.

Undoubtedly alcoholic excess will lead to attacks of acne rosacea in those who are predisposed to this affection; but excess in the use of alcohol is by no means the sole cause of this affection. Mental distress, uterine mischief, and a weak circulation, are far more potent factors in causing this trouble than strong drink.

This leads me to consider the part which is played by a weak heart and inefficient bloodvessels in keeping up the irritation of chronic skin disease.

We speak of cardiac asthma and cardiac dropsy, why should we not speak of cardiac eczema, or cardiac acne? For there is not the least doubt that a weak-acting or organically diseased heart will cause stagnation in the surface circulation, and thus will aggravate a chronic eczema which has attacked the legs. Is not varicose ulcer often met with conjointly with eczema? In the acne rosacea of middle life the local trouble is often kept up by a condition of cardiac weakness. It would be a mistake to

withhold alcohol in such cases, under the impression that by giving alcohol we are sure to inflame the skin. In the case of a weak-acting heart, our great aim must be to balance the circulation, for by so doing we give the heart less work to do, and we prevent stagnation in the surface bloodvessels.

Another point for careful consideration is that of mechanical rest. That is, rest to the affected part by posture and physiological rest which can be given by the use of local sedatives.

In eczema of the legs posture is all-important.

I have found the use of a 4 per cent. cocaine ointment of great service in soothing the irritation of eczema when the skin is broken. And the very fact of soothing the surface nerves has greatly helped to cure the skin affection.

Possibly the very grease which formed the basis of the ointment was in a measure protective to the broken surface; but this was not all, as I often found that the use of a non-sedative ointment was not followed by the same results as when cocaine was applied.

I think this rest to irritated surface nerves will help to cure many a skin affection, for undoubtedly excessive cell growth occurs when the local nerves are weak and therefore irritable.

The excessive desquamation that goes on in cases of psoriasis, pityriasis, and seborrhea, points to a want of inhibitory power in the local and sometimes the central nerve cells. In treating the skin we

should always keep in mind the importance of this local irritation, for, after all, is it not central also by reflex action? Therefore we should take every means in our power to soothe and comfort these surface nerves, not merely to stifle their cry for help, but to gently modify their condition of distress.

The treatment of skin disease can be briefly summarized thus :

Soothe surface irritation. Reduce thickened surface.

Stimulate in case of venous stasis.

Remedy defects of health. Destroy all parasites.

In disease of parasitic origin it is the surface irritation which drives the patient frantic, and which makes the unskilled practitioner diagnose eczema instead of itch. Kill the parasite by surface measures, and there quickly follows a great calm to the nervous system.

In eczema it is the angry surface that makes the patient irritable by day and restless by night. Soothe the surface by appropriate means, and the patient lives in a new world of comfort by day and peace by night.

The Vienna school of dermatologists has attached chief importance to the local treatment of skin disease. This was simply a breaking loose from a feeble, unscientific, unpractical pathology, which was in vogue during the first half of the nineteenth century. Hebra was the first strong iconoclast in this direction ; he certainly broke a good many idols

that had been worshipped without question by medical devotees.

But in the endeavor to be exact, and to trust solely to surface phenomena, the more subtle and less visible symptoms of disease were apt to be neglected. The constitutional defects of a patient were lost sight of, the gouty, strumous, nervous weakness was forgotten, and merely inflamed areas of skin were placed under investigation. There was a useful noting of the difference that lay between papule and vesicle, and between vesicle and pustule. The whole study was devoted to the inspection of the skin surface—and a very good thing for suffering humanity that a surface could be so full of interest to the scientific observer, for indeed it must be admitted that the local treatment was in many cases eminently successful, and is so still; for instead of giving the patient hundreds of pills and gallons of liquid horror, Hebra applied an ointment to the irritated surface, and gave the patient some simple rules of health to follow, and recovery was the result.

But if the constitutional element in skin disease is lost sight of relapses are frequent. This is the experience of British dermatologists, and of those who attack the enemy in the open instead of undermining his fortifications.

Therefore, if we wish to treat skin diseases with success we must not lose sight of constitutional defect, nor must we fail to relieve local irritation.

Protection of an abraded surface is a matter of

great importance, but daily exposure to the air of unbroken skin is equally important, so as to keep the nerve and blood supply in a state of health.

It may be natural to ask "What should be avoided by those who have an irritable skin?"

In reply I would say:

Avoid late hours and crowded, ill-aired rooms.

Avoid rich and indigestible food.

Take care to keep the skin clean and sweet, but avoid the eternal dabbling in water, and especially in hard water.

Avoid excess in alcohol.

Avoid the use of dyed underclothing, and avoid keeping the skin in a perpetual vapor bath by non-porous or too heavy clothing.

Avoid excess in tea or coffee drinking, so that the nerves may be kept in a state of health.

Avoid habits of indolence. Keep body and mind active by daily physical and mental exercise.

Avoid the use of aperient medicines.

The late Hebra, once the greatest dermatologist of Europe, is on my side in this matter, for he laughed to scorn the idea of curing skin disease with pills or potions of aperient action.

Try and keep the mind free from care, for fretting sadly weakens the nervous system, and the nerves are masters of the skin.

Also avoid secret medicines which promise great things, but perform little.

Avoid exposure to hot sun, cold wind or extreme heat of the fire.

Keep the circulation active by daily exercise, for those who suffer from cold hands and feet will also be liable to suffer from chilblains, and broken chilblains are often associated with chronic eczema or even tubercle. We know that eczema is a frequent associate of varicose veins.

If, of necessity, exposed to the action of heat or cold, use some simple ointment as a protective, but avoid blocking up the pores of the skin by the free and daily use of absorbent face powders. And remember, above all things, that a beautiful complexion is, as a rule, the visible warrant of perfect health.

CHAPTER VI.*

THE CHIEF SKIN REMEDIES.

SKIN diseases being, as a rule and with some exceptions, constitutional disorders manifesting themselves thus locally, the remedies employed in their treatment must of necessity, if the cure is to be permanent, be selected chiefly on account of their relation to the general state of the patient rather than merely for their local effects on the skin. In other words, all the disordered conditions that the patient may be conscious of, whether apparently connected with the skin trouble or not, must be taken into account and the remedy chosen to correspond with this totality of symptoms.

It is a fact that the chief skin remedies are also medicines of wide range of use and affect the body in a great variety of ways.

We will give the chief guiding indications of some of those most frequently called for in the treatment of skin diseases, which symptoms, if present in any marked degree in the patient, will be cured by that remedy.

The remedies for *acute* skin diseases, inflammatory disorders, etc., are not considered here, but

* This chapter has been written for this edition by Wm. Boericke, M.D.

only those disorders spoken of in the preceding pages—the sub-acute and chronic common maladies, like eczema, acne, nettle-rash, herpes, etc.

SULPHUR.

A very deeply-acting and far-reaching remedy often eradicating chronic skin diseases or troubles due to their suppression. It is well to give a dose of sulphur in all chronic troubles associated with skin diseases, even if the latter should have disappeared. Sulphur may again bring it to the surface, and in this way help to *thoroughly cure* the patient. It is not necessary to repeat the dose often, once or twice a week being quite sufficient. Besides this eradicated use, sulphur should always be given when the skin is apt to be *dry*, dirty looking, scaly, irritable with a tendency to itching eruptions, *pimples*, black pores of the skin, particularly in the face, called comedones, all worse at night in bed, and from bathing, so that the patient dislikes the use of water. Now, any part of the body may be affected when sulphur is the remedy, but soreness in the *folds* of the skin or along the margin of the hair form especially a favorite locality. The typical sulphur patient has hot, burning feet; he puts them out of the bed to cool them; wherever the skin and mucous membrane meet the parts are very red and burn; he is apt to be constipated and have a poor digestion, feeling very faint and weak about 11 o'clock every morning.

A so-called scrofulous constitution is peculiarly the field for sulphur—here we find many of the above symptoms, as well as swollen glands, ulcers, etc.

HEPAR.

The next remedy in importance is a relative of sulphur—the sulphuret of lime, *hepar sulphuris*. It, too, is a remedy of very wide usefulness. Here, also, we find an *unhealthy* skin but much greater tendency to suppuration; every little injury *suppurates*, the skin is hard to heal. There may be deep cracks and bloody suppuration, which very often smells very badly, perhaps like old cheese. Then the sore skin is *extremely sensitive*, even the cool air hurts, so he wants the affected parts *covered up warmly*. There is sometimes a feeling of *pricking, stinging*, like a splinter in the sore. Around a boil or ulcer there will be a number of small suppurating pimples—outposts of the larger sore—there may be throbbing pain and the glands generally be swollen.

Then the hepar patient has always cold hands and feet, he is *very* sensitive to every draft of air; he sweats readily; takes cold so easily; this sensitiveness may show itself mentally as well; he is *irritable* and offended at the slightest cause. It is especially to be selected if the patient has taken calomel or any mercurial preparation or applied salves on the external surface. Hepar is of great service in skin affections of scrofulous children with

mattery crusts and glandular enlargements, especially if they are "croupy" children.

GRAPHITES

Has similarity with sulphur in dry skin which rarely perspires, and it has Hepar's unhealthy, readily suppurating skin, but it is easily distinguished by the fact that the eruptions for which it is the curative remedy; *ooze out a sticky fluid*. Humid tetter, then, with this sticky, gluey exudation always indicate graphites. The favorite localities are the groins, neck, behind the ears, *bends* of limbs, palms and around the anus, here sometimes showing its tendency to chap and crack by producing fissures. Now if these conditions are met with graphites will be of lasting benefit, and should they be found in women inclined to grow stout, with digestive and menstrual troubles and constipation it will probably show its benefits in other regions besides the skin. The nails of the graphites patient are apt to be brittle and crumbling, ingrowing nails; the hair is apt to fall out and there may be intractable ulcers.

ARSENIC.

The skin troubles calling for arsenic are characterized by very marked *burning*. They are generally chronic troubles, with *bran-like scales*, with the most intense *burning itching*. The patient *must* scratch until the parts *bleed*, which makes the burn-

ing all the worse. The disease may be anywhere, but chooses especially the forehead about the margin of the hair, but elsewhere the skin is harsh, dry, and has this burning itching. Besides there are many other conditions like pustules, ulcers, blisters, herpes, carbuncles, for all of which arsenic is a wonderfully effective remedy, but they all have this symptom most marked—*they burn like fire*.

This may be so bad that the patient gets very anxious and restless; can't find rest anywhere; he gets dry and parched, and must drink frequently, but only a sip at a time; is cold; wants to be in a warm room, although he has this frightful burning pain; he is much worse at night after midnight, and is rapidly losing strength. Now such a state of affairs shows a *constitutional* trouble of serious aspect. Arsenic is the remedy for just such severe types of illness. He may have dropsical symptoms also, such as swelling of the face, around the eyes, especially, feet, ankles, etc. Indurations and tumors also come within its legitimate sphere. In these chronic and severe types of illness we find the skin wrinkled, dry, cold and blue, or with cold perspiration, and with the characteristic *burning* aggravated by *scratching*.

RHUS TOX.

Any one who has ever seen or experienced the effects of the poison ivy knows exactly what the ideal condition for the use of rhus is. It is, first of

all, characterized by *itching*, by the appearance of little *vesicles* and sometimes by *swelling*. Its favorite sites for attack are the face, hands and genitals. With this as our guide we may use rhus confidently in all *moist* eruptions characterized by a great deal of *itching*, which is worse in changes of the weather, especially in wet weather or winter. The eruption begins with these little vesicles, which run together and exude a watery fluid and form crusts. This almost describes one form of erysipelas—the vesicular form—and rhus is indeed an excellent remedy for it. But in any form of skin disease where these symptoms, especially the itching and vesicles are present, it will be indicated. Sometimes after getting wet, or in the course of rheumatism, nettle-rash or some other form of cutaneous affection will show itself, which rhus quickly cures. All the rhus cutaneous affections have a tendency to invade large surfaces rather than penetrate deeply into the tissues.

SEPIA.

This is pre-eminently a woman's remedy, and we find it most frequently indicated in skin affections connected with irregularities of the uterine life. In such cases we are apt to have "liver spots," yellow spots in various parts, and a yellow, earthy color of the skin; a yellow saddle across the nose is frequently seen. The eruptions themselves may be composed of little vesicles and pustules, with itching, and they appear in circular spots like ringworms;

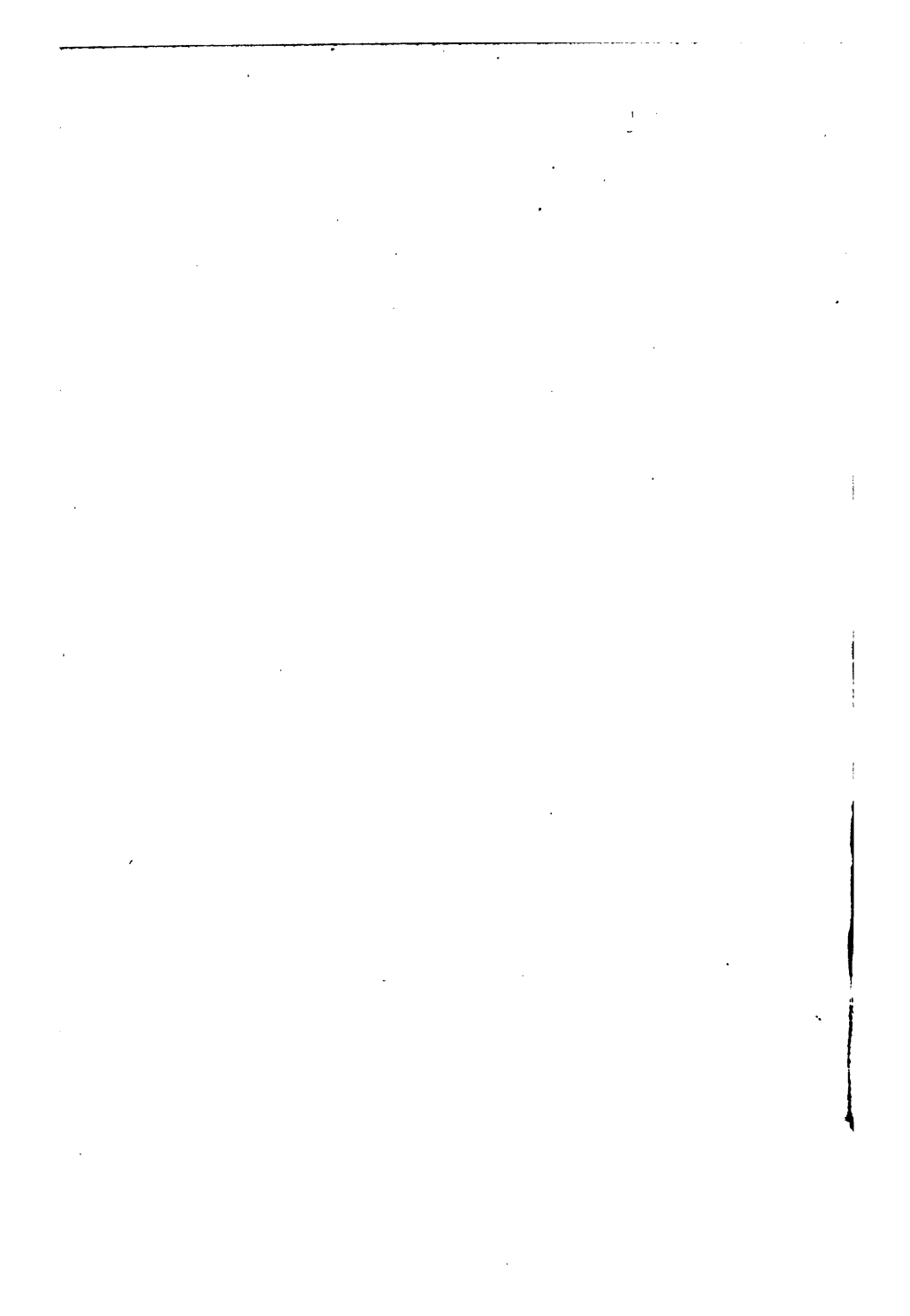
are apt to crack and show themselves around joints especially.

APIS.

A very different remedy from these is apis, the honey-bee. It is indicated in all sorts of skin affections where there is a great deal of rapid swelling, itching, especially of a *stinging* character. Such a condition we find in *nettle-rash*, and apis is one of the principal remedies in this complaint. In erysipelas and other affections, where there is a *rosy hue* to the skin and much swelling, with more or less of this stinging, a few doses of apis will rapidly bring relief. In these acute affections the patient may be abnormally *drowsy*, which would be an additional indication for this drug.

ADMINISTRATION.

Except in nettle-rash and the acute effects of poisoning where the medicine may be taken every two or three hours, it is best to give in chronic skin diseases, only one dose a day, preferably at bedtime. When improvement shows itself all further medication should be discontinued so long as this lasts. With the above few remedies, a majority of the skin affections can be modified favorably, and many permanently cured. But there are many other remedies the selection of which is more difficult and must be left to the judgment of the physician.



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